other part of the cell, forming what he calls "the black network." The appearances vary somewhat in cells from different regions. In a type of cell in which the fibrils alone are prominent he finds no network in the pigmented region, but the fibrils become much thicker and darker there, and when they have passed this zone they resume their normal proportions. In the cells of the spinal ganglia in certain diseases, as lepra and pellagra, the author has found a network which he thinks identical with that occurring in the pigmented region as described above. This network is very resistant to different agents hurtful to the normal cell. As to its origin, the author thinks that it is derived from the ordinary net work through some chemical change closely connected with that producing the pigmentary deposit. Discussing the effect on nervous action of this change, while admitting that we have no definite information upon which to construct a theory, he suggests that possibly the wave of specific nervous energy is in some way diminished in intensity by passing through the areas of thickened fibrils. He has found "hypertrophy of the neurofibrils" so frequently in cases of rabies that he is inclined to consider it as a lesion characteristic of this disease, and quotes a recent work of Ramon y Cajal and Garcia as strongly supporting this view.

2. *Conjugate Deviation of Eyes and Head.*—Bard, and after him Dufour, have sustained the opinion that conjugate deviation is sensorial in origin, and often due to concomitant hemianopsia. This view the author combats, bringing forward the evidence opposing it. He calls attention to the fact that lateral movements of the head and eyes are connected not only with visual but also with auditory impressions, and that conjugate deviation is known to be produced by excitations arising in a number of different regions of the cortex. From an array of cases he shows that conjugate deviation and hemianopsia are by no means always associated. Considering the subject as a whole, the author concludes that conjugate deviation is not necessarily connected with hemianopsia, but may be due to lesions in the cortical centers for eye and head movements, in the parietal or frontal association centers of Flechsig, or in the association fibers connecting these with the visual centers; possibly also in the basal ganglia. In his opinion the location of the lesion in the posterior center of the parietal region explains the symptoms best. If it is destroyed the patient looks toward, if it is irritated, away from, the lesion. ALLEN (Trenton).

Psychiatrisch-Neurologische Wochenschrift

(May 6, 1905.)

Contains only articles of local interest.

(May 13.)

The Ceni Method of Treating Epilepsy.—Ceni's method of treating epilepsy by serum injection advocated by him in 1901 did not attract much attention in Germany. The author, however, is of the opinion that the result he claimed should not go unnoticed. One case he reported was of a young girl of 12 years of age, who had suffered from epilepsy for three years, having about fifty attacks a month. She was greatly emaciated, and apparently demented. As a result of the treatment she was soon free from attacks, improved mentally, and took on weight in a short time. In fact, "she showed a complete revolution in both physiognomy and character." Ceni's procedure, described by Wende in a previous number of the *Wochenschrift,* consists in the injection of serum taken from other epileptics or from those being treated,gradually increasing the dose from 72 to 410 g. in a period of from two to six months. Wende's results were not good, and he says himself that he was hindered from obtaining as good results as others by conditions he could not control. He stopped the bromide his patients were taking and begun the serum treatment after two weeks. He treated twelve men, most of whom showed some improvement, and two also a change in the psychical state. The results of stopping the bromide were difficult to determine and to differentiate from those of the serum. In this connection Holme's interesting figures are quoted: Twenty epileptics had with bromide in eight months 1,913 attacks; in eight months after the withdrawal of the bromide 1,976 attacks, and in the following eight months 1,499 attacks.

The author reports three cases. They all had the bromide withdrawn for from seven months to two years and their manner of life and food was not changed. Treatment in these cases was practically nil; the convulsions were not decreased nor the mental state improved.

As a result of these cases and also of Wende's failures, the author concludes that Ceni's theory that there is an autocytotoxin and an anti-autocytotoxin in epileptic blood serum is without clinical evidence to support it. WHITE.

Miscellany

TUBERCULOUS MENINGITIS. W. F. Cheney (Journal A. M. A., May 20).

Cheney reports and comments on three cases of tuberculous meningitis with special reference to the diagnosis. He mentions the indefiniteness of the early symptoms, and says that we should always be suspicious of tuberculous meningitis in a child in illness with associated digestve disturbances, slight fever and irritability of temper. Stupor is more significant, but it may also be due to intestinal toxemia or some acute infection, but in such case there is usually a higher fever. Evidences of intracranial pressure, such as pupillary abnormalities, local paralyses, irregularities, etc., are still more definite indications, but these, like the mental condition, may vary from day to day, thus giving rise to false hopes of recovery. Rigidity of the neck muscles is a very valuable sign, only likely to be simulated by disease of the cervical vertebræ or rheumatic torticollis, and in these other symptoms of meningitis are apt to be wanting. The Kernig sign, so valuable in the adult, is, according to Cheney's experience, difficult to elicit in children, owing to their fear of manipulation. The white blood count is of value, a moderate leucocytosis pointing to tubercular rather than to other forms. Lumbar puncture furnishes negative evidence of value, with the other symptoms present, a clear fluid, free from microorganisms is characteristic of tuberculous meningitis. One of his reported cases is of interest on account of its occurrence in an adult, its clinical resemblance to cerebrospinal meningitis, and from its being the only one of the three in which an autopsy was obtained. We are apt to associate tubercular meningitis with infancy, but it can be excluded at no period of life. In this case the low leucocytosis and the lumbar puncture findings confirmed the diagnosis of tuberculous meningitis during life, and the autopsy revealed a preëxisting lung focus. Tuberculous meningitis is always secondary to the disease somewhere else in the organism. The article concludes with remarks on the differential diagnosis from other conditions, and especially from the other forms of meningitis.

A CASE OF MIND BLINDNESS UNIQUE IN THAT THE ENTIRE MESIAL SURFACE OF BOTH OCCIPITAL LOBES AND BOTH OPTIC RADIATIONS WERE PRESERVED. Ward A. Holden (The American Journal of the Medical Sciences. May, 1905).

To sum up in the words of the author, this was a case of dementia after hemiplegia, together with aphasia, apraxia, and an interference with vision which much of the time amounted evidently to total blindness. The retinæ and optic nerves were normal. In the brain there were found nearly symmetrical areas of softening in each hemisphere, including the angular and supramarginal gyri, and reaching back on each side nearly to the